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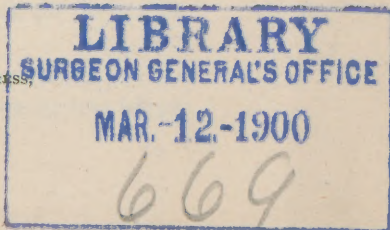
OPIATES IN BRONCHITIS.

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OPIATES IN BRONCHITIS.

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Ever since bronchitis was recognized as a morbid entity, each medical man has been disposed to have his favorite compounds for its cure. Treatment has oscillated from one method to another and back again since the days of Lænnec. From the irregular exhibition of infinitesimal doses of the uncertain codeine—in hope of the homœopathic calm it seldom gives—and the depressing antimonial nauseants—because of their capacity to exaggerate discomfort—the patient is kept in a quandary as to which is the more to be feared, the treatment or the disease.

The suggestion of opiates as remedial agents in bronchitis, is not in itself new. It is their employment under certain conditions in large doses to which the writer invites criticism.

It is fair to premise discussion by the statement that from the more or less heroic

treatment here suggested extremes of age, all known idiosyncrasies, heart maladies, renal disorders, tuberculosis, infectious and asthenic types were excluded.

Two hundred and three cases thus selected and treated by the writer during 1895 and 1896 have warranted the anticipation of the following therapeutic results:

1st. Reduction of irritation, congestion or inflammatory activity.

2d. Alteration in the character and limitation of the amount of the secretion.

3d. Increase of general comfort by relief of pain, soreness and removal of cough and incidental insomnia.

4th. Speedy and permanent cure of 80 per cent. of the cases.

The application of the opiates has been observed to yield best results when administered at bedtime. The popular dosage combined 1-3 grain of sulphate of morphine and 5 grains of Dover's powder. This was followed in the morning by one ounce of spiritus frumenti, to prevent excessive nausea, that is liable to appear. All stages of uncomplicated bronchitis have been admitted to the treatment, except that of capillary invasion, which is rather the evidence or

premonition of asthenia, and should, by the rules already suggested, be exempted. The good results have ranged from the abortive influence exercised in the incipient stages to the speedy calming of impending asphyxia. Contrary to expectation, opiates in large doses gave minimum results, where cough was the principal sign, and their maximum efficiency was evidenced where the auscultatory phenomena were distinct and of bilateral manifestation. It is certain that, whatever the character of the signs in the most marked form of uncomplicated bronchitis, opiates do not show their greatest therapeutic value where auscultation is negative, or nearly so. In sthenic cases, as in strong men, the freedom of opiates may be admitted, but even in the less robust, and especially in wiry women of slight but wholesome build, the large doses are to be commended.

While it is admitted that the first dose of opiates did not in all cases relieve the cough, dyspnoea and auscultatory signs, the persistence of the symptoms prompted a repetition at intervals of two to six days, with ultimate good results in nearly every case.

Remembering the pathological changes as they occur in the various forms and stages of bronchitis from its incipency, we have not far to seek for an explanation of the good influence of these large doses. In its earliest expression by irritation opiates are the remedies almost universally extolled in bronchitis. Charbonneau insists that "a full dose of Dover's powder will frequently abort an attack." Osler recommends that "opium should be freely used, in the form of Dover's powder. No remedy can take its place." The decongestive influence of expectorants is supplied by opiates in large doses, and the hyperemia is relieved in the bronchial tubes as well as the peri-bronchial tissues. The cases to which these remedies are especially applicable are those of active hyperemia, due to excessive activity of the circulation; but even in passive congestion they are logically applicable according to authorities, such as Potter, who ably shows that opium is an equalizer of the circulation. The calming influence of opiates upon the capillary vessels in the respiratory apparatus lowers the vascular fullness within the chest, with diminution of intra-thoracic pressure. Thus, making in the lung room for

the introduction of air, it favors hæmatisis, and in extreme cases will obviate the possibility of true asphyxia. Add to this the supporting influence opiates have long been known to exercise upon the heart muscle, and we have conditions that suggest their employment in more advanced stages of bronchial inflammation. This fact has been observed by Romberg, and prompted him to say, "Morphine, even in large doses, is an excellent remedy in suffocative bronchitis." Ferrand recommends calming medication in all forms of bronchitis, and in neural types, with threatening suffocative paroxysms, gives the preference for laudanum.

As nauseant and expectorant, the action of a full dose of an opiate has been demonstrated to most of us. Dover's powder will render hitherto tenacious sputum more mucous, but if combined with morphine, will render the extremely mucous sputum less so. The depressing antimonial nauseants are incapable of the repulsive action secured and maintained by large doses of opiates. This potency is made more efficient by their calming influence in congestive erythism, common in cases charac-

terized by neurosal loss of tone. No other remedies can do so much to modify or change the pathological conditions in bronchitis, whether manifested through the circulation, the intimate nutrition, or neurosal depletion. Moreover, by the use of large doses, general nutrition is protected against the ills that accompany the continuous and oft-repeated exhibition of small doses. Appetite is not so long withheld, and the general health experiences but a brief departure from the normal. The danger of interference with the needful excitability of the respiratory center is more likely to follow repeated and increasing doses than the more heroic method here suggested.

It has been argued that small doses long continued, and necessarily increased, favor the formation of the opium habit. By large doses there is more probability of disgust than infatuation, and yet the same net amount may be administered.

Even where all these advantages are not realized, and cure may not be achieved, it is worthy of note that large doses of opiates give speedy and grateful relief, diminish risk, and give time for the employment of other agents.